Image# 12951349047 PAGE 1 / 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
CHARLOTTE-MECKLENE	BURG HOSPITAL AUT	THORITY/CAROLINAS HEA	ALTHCARE SYSTEM EMP	LOYEES FED PAC
ADDRESS (number and street)	ATTENTION: MARY	ANN ROUSE		
Check if different	1000 BLYTHE BOUL	LEVARD		
than previously reported. (ACC)	CHARLOTTE		NC 28	203-2861
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	STATE A	ZIP CODE ▲
C C00423871		3. IS THIS REPORT X (N)	OR AMENDI	ED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2) Ma	y 20 (M5) Aug 20 (M	8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:		20 (M6) Sep 20 (M	9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report	(01)	Apr 20 (M4) Jul	20 (M7) Oct 20 (M	10) Jan 31 (YE)
July 15 Quarterly Report	(Q2) (C) 12-Day PRE-Elect		General (12G)	Runoff (12R)
October 15 Quarterly Report	Report for	the: Convention (12	C) Special (12S)	
January 31 Year-End Report		Election on) D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	(d) 30-Day		Runoff (30R)	Special (30S)
Termination Repo (TER)) = D / Y = Y = Y	in the State of
5. Covering Period		2012 through	03 31	Y Y Y Y 2012
I certify that I have examined	this Report and to the b	pest of my knowledge and bel	ief it is true, correct and com	plete.
Type or Print Name of Treasu			,	•
Signature of Treasurer Ma	ary Ann Rouse	[Electronically F	iled] Date 04	04 / 2012
NOTE: Submission of false, erro	oneous, or incomplete info	ormation may subject the person	signing this Report to the per	nalties of 2 U.S.C. §437g.
Office Use Only			FI	EC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		233584.13
	(b) Cash on Hand at Beginning of Reporting Period	233584.13	
	(c) Total Receipts (from Line 19)	22088.14	22088.14
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	255672.27	255672.27
7.	Total Disbursements (from Line 31)	17500.00	17500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	238172.27	238172.27
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report C	Covering the Period: From:	01 / 2012	To: 03 / 31 / 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Ir	butions (other than loans) From:		'
	han Political Committees) Itemized (use Schedule A)	15770.71	15770.71
`	i) Unitemizedii) TOTAL (add	, 6288.22	6288.22
(•	Lines 11(a)(i) and (ii)	, 22058.93	, 22058.93
	Political Party Committees	0.00	0.00
()	such as PACs)otal Contributions (add Lines	0.00	0.00
1 T	1(a)(iii), (b), and (c)) (Carry otals to Line 33, page 5) fers From Affiliated/Other	22058.93	22058.93
	Committees	0.00	0.00
13. All Lo	ans Received	0.00	0.00
15. Offset	Repayments Receiveds To Operating Expenditures	0.00	0.00
(Carry 16. Refun	nds, Rebates, etc.) 7 Totals to Line 37, page 5)ds of Contributions Made	0.00	0.00
Politic	deral Candidates and Other al Committees Federal Receipts	0.00	0.00
(Divid	ends, Interest, etc.) fers from Non-Federal and Levin Funds on-Federal Account	29.21	29.21
, ,	from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	tal Transfers (add 18(a) and 18(b))	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	22088.14	22088.14
	Federal Receipts act Line 18(c) from Line 19)▶	22088.14	22088.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcillati Toul-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(II) 11 - 1 - 1 - 1 - 1	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	17500.00	17500.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use correduce i)		0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(h) Delitical Deuts Committee	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(626) 26 17166)	7	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Lines 60(a)(i), 50(a)(ii) and 50(b))	7	5.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17500.00	17500.00
_		7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	4750000	47500 00
from Line 31)	17500.00	17500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22058.93	22058.93
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22058.93	22058.93
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		6	OF		26
	(check only one)										
	X	11a		11b		11c		12	!		
		13		14		15		16	;		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Lugene A DeLaddy		Date of Receipt
Mailing Address 5213 Lila Wood Circle		03 02 2012
City Charlotte	State Zip Code NC 28209	Transaction ID : SA11AI.9047
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Credit
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Road		Date of Receipt 03 01 _2012 _
City Charlotte	State Zip Code NC 28270	03 01 2012 Transaction ID : SA11AI.9028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Dr. Marsha D Ford		Date of Receipt
Mailing Address 6836 Alexander Road		03 30 2012
City Charlotte	State Zip Code NC 28270	Transaction ID : SA11AI.9089 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$100 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE		7	OF		26
(check only one)											
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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HC	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC				
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue #4	13	Date of Receipt				
City Charlotte	State Zip Code NC 28203	01 03 2012 Transaction ID : SA11AI.8871 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	416.67				
Name of Employer CarolinasHealthCareSystem Receipt For: 2012	Occupation ADMIN	Payroll Deduction \$416.67 monthly				
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.67					
Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue #4						
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.8984 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	416.67				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly				
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34					
Full Name (Last, First, Middle Initial) Mr. Paul S Franz	·	Date of Receipt				
Mailing Address 1320 Fillmore Avenue #4		03 01 2012				
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.8995 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	416.67				
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly				
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 1250.01					
SUBTOTAL of Receipts This Page (optional	1)	1250.01				
TOTAL This Period (last page this line num	ber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or 1	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPIT	ΓΑL AUTHORITY/CAROLINAS HEALTHC	CARE SYSTEM EMPLOYEES FED PAC
۱.	Full Name (Last, First, Middle Initial) Mr. Paul S Franz Mailing Address 1320 Fillmore Avenue #413		Date of Receipt
	City	State Zip Code	03 30 2012 Transaction ID : SA11AI.9053
-	Charlotte	NC 28203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Ī	Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	
3.	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.8900
-	Charlotte	NC 28226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
	Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Ī	Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 416.67	
).	Full Name (Last, First, Middle Initial) Mr. Greg A Gombar		Date of Receipt
Ī	Mailing Address 4625 Cotton Creek Drive		02 01 2012
	City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.8963 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	416.67
Ī	Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
	CarolinasHealthCareSystem	ADMIN	
Ī	Receipt For: 2012	Aggregate Year-to-Date ▼	
	Primary	833.34	
sı	JBTOTAL of Receipts This Page (optional)		1250.01
TC	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		9	OF		26				
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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4535 Catter Creek Price		Date of Receipt
Mailing Address 4625 Cotton Creek Drive		03 01 2012
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.9016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 1250.01	
Full Name (Last, First, Middle Initial) Mr. Greg A Gombar Mailing Address 4625 Cotton Creek Drive		Date of Receipt
City Charlotte	State Zip Code NC 28226	7
FEC ID number of contributing federal political committee.	C 20220	Amount of Each Receipt this Period 416.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$416.67 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 1666.68	
Full Name (Last, First, Middle Initial) C. Russell C Guerin		Date of Receipt
Mailing Address 3324 Meadow Bluff Drive		03 02 2012 _
City Charlotte	State Zip Code NC 28226	Transaction ID : SA11AI.9045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Credit
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)	•	2833.34
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	1	10 OF	=	26
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	PITAL AUTHORITY/CAROLINAS HEALTH	
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B White Hwy N		Date of Receipt
		03 01 2012
City Whiteville	State Zip Code NC 28472	Transaction ID : SA11AI.8994 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Henry C Hawthorne Mailing Address 1310 James B White Hwy N		Date of Receipt 03 30 2012
City Whiteville	State Zip Code NC 28472	Transaction ID : SA11AI.9052 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$83.34 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) C. James C Hunter		Date of Receipt
Mailing Address 1506 Providence Drive		02 01 2012 _
City Charlotte	State Zip Code NC 28211	Transaction ID : SA11AI.8981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Primary X General	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	<u> </u>	333.35
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	. ′	11	OF	26
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or for commercial purposes, other than using t	he name and address of any political committee t	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC		
Full Name (Last, First, Middle Initial) James C Hunter		Date of Receipt		
Mailing Address 1506 Providence Drive		03 01 2012		
City	State Zip Code	Transaction ID : SA11AI.8998		
Charlotte	NC 28211	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	166.67		
Name of Employer	Occupation	Payroll Deduction \$166.67 monthly		
CarolinasHealthCareSystem	ADMIN			
Receipt For: 2012	Aggregate Year-to-Date ▼			
Primary	500.01			
Full Name (Last, First, Middle Initial) 3. James C Hunter		Date of Receipt		
Mailing Address 1506 Providence Drive		M M / D D / Y Y Y Y		
Walling Address 1506 Providence Drive		03 30 _2012 _		
City	State Zip Code	Transaction ID : SA11AI.9056		
Charlotte	NC 28211	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	166.67		
Name of Employer	e of Employer Occupation			
CarolinasHealthCareSystem	ADMIN			
Receipt For: 2012	Aggregate Year-to-Date ▼	-		
Primary General	Aggregate real to bate \$			
Other (specify) ▼	666.68			
Full Name (Last, First, Middle Initial) Brent R Lambert		Date of Receipt		
Mailing Address 8401 Getalong Rd		03 01 2012		
City	State Zip Code	Transaction ID : SA11AI.9035		
Charlotte	NC 28213	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	83.34		
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly		
CarolinasHealthCareSystem	ADMIN			
Receipt For: 2012	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	250.02			
SUBTOTAL of Receipts This Page (optional).	>	416.68		
TOTAL This Period (last page this line number	er only)			

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	 12	OF	26	
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			13		14		15	16	,	17

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or for commercial purposes, other than using t	he name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Brent R Lambert		Date of Receipt
Mailing Address 8401 Getalong Rd		03 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code NC 28213	Transaction ID : SA11AI.9097
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
CarolinasHealthCareSystem Receipt For: 2012	ADMIN Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial) 3. Mr. W. Spencer Lilly	'	Date of Bossint
Mailing Address 9306 Copans Glen Lane		Date of Receipt
		03 01 2012
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.9015 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	83.34
Name of Employer CarolinasHealthCareSystem	Occupation	Payroll Deduction \$83.34 monthly
Receipt For: 2012	ADMIN	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.02	
Full Name (Last, First, Middle Initial) C. Mr. W. Spencer Lilly		Date of Receipt
Mailing Address 9306 Copans Glen Lane		03 30 2012
City Huntersville	State Zip Code NC 28078	Transaction ID : SA11AI.9100
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	83.34 Payroll Deduction \$83.34 monthly
Name of Employer	Occupation	- 1 ayron Deduction 903.34 monthly
CarolinasHealthCareSystem Receipt For: 2012	ADMIN	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	333.36	
SUBTOTAL of Receipts This Page (optional)	•	250.02
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	13 OF	26
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Martha Ann B McConnell Mailing Address 3617 Charolais Lane City Harrisburg FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem	State Zip Code NC 28075 C Occupation ADMIN	Date of Receipt 01 03 2012 Transaction ID : SA11AI.8896 Amount of Each Receipt this Period 1000.00 Payroll Deduction \$1000 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Primary Other (specify) General	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date ▼ 333.34	Date of Receipt O2
Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 826 Berkeley Avenue City Charlotte FEC ID number of contributing federal political committee. Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Primary Other (specify) Other (specify)	State Zip Code NC 28203 C Occupation ADMIN Aggregate Year-to-Date ▼ 500.01	Date of Receipt M M M / D D / 2012 Transaction ID: SA11AI.9034 Amount of Each Receipt this Period 166.67 Payroll Deduction \$166.67 monthly
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1333.34
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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		13	14		15		16	17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. James T McDeavitt Mailing Address 200 B. July 1		Date of Receipt
Mailing Address 826 Berkeley Avenue		03 30 2012
City Charlotte	State Zip Code NC 28203	Transaction ID : SA11AI.9096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) Mr. James C Olsen Mailing Address 5900 Summerston Place		Date of Receipt 02 01 2012
City Charlotte	State Zip Code NC 28277	02 01 2012 Transaction ID : SA11AI.8957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$125 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		03 01 2012 _
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.9022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Primary	Occupation ADMIN Aggregate Year-to-Date ▼ 375.00	Payroll Deduction \$125 monthly
	•	416.67
	• /	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	 15	OF	26	
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Mr. James C Olsen		Date of Receipt
Mailing Address 5900 Summerston Place		03 30 2012
City	State Zip Code	Transaction ID : SA11AI.9082
Charlotte	NC 28277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	Payroll Deduction \$125 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary	500.00	
Full Name (Last, First, Middle Initial) 3. Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		M M / D D / Y Y Y Y
		01 03 2012
City	State Zip Code	Transaction ID : SA11AI.8884
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	Payroll Deduction \$400 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont		Date of Receipt
Mailing Address 2028 Hopedale Avenue		02 01 2012
City	State Zip Code	Transaction ID : SA11AI.8975
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing	C	400.00
federal political committee.	0	7 7 7
Name of Employer	Occupation	Payroll Deduction \$400 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)	•	925.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue 01 2012 City Zip Code State Transaction ID: SA11AI.9004 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Joseph G Piemont Date of Receipt Mailing Address 2028 Hopedale Avenue 03 30 2012 City State Zip Code Transaction ID: SA11AI.9062 Charlotte NC 28207 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Payroll Deduction \$400 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 1600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Debra Plousha Moore Date of Receipt Mailing Address 6935 Conservatory Lane M = M 03 01 2012 City Zip Code State Transaction ID: SA11AI.9029 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** Carolinas HealthCare System Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 250.02

883.34

SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Debra Plousha Moore		Date of Receipt
Mailing Address 6935 Conservatory Lane		03 30 2012
City	State Zip Code	Transaction ID : SA11AI.9091
Charlotte	NC 28210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	Payroll Deduction \$83.34 monthly
Carolinas HealthCare System	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary Keneral	Aggregate real to bate V	
Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial) Thomas J Pulliam		Date of Receipt
Mailing Address 1105 Fawnbrook Road		01 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8866
Lewisville	NC 27023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer CarolinasHealthCareSystem	Occupation PHYS	Payroll Deduction \$300 monthly
Receipt For: 2012		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Thomas J Pulliam		Date of Receipt
Mailing Address 1105 Fawnbrook Road		02 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.8988
Lewisville	NC 27023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	Payroll Deduction \$300 monthly
CarolinasHealthCareSystem	PHYS	
Receipt For: 2012		
Primary Seneral	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional).		683.34
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Use separate schedule(s) for each category of the **Detailed Summary Page**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Thomas J Pulliam Date of Receipt Mailing Address 1105 Fawnbrook Road 01 2012 City Zip Code State Transaction ID: SA11AI.8991 NC Lewisville 27023 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Payroll Deduction \$300 monthly Name of Employer Occupation PHYS CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas J Pulliam Date of Receipt Mailing Address 1105 Fawnbrook Road 03 30 2012 City State Zip Code Transaction ID: SA11AI.9049 NC Lewisville 27023 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Payroll Deduction \$300 monthly Name of Employer Occupation CarolinasHealthCareSystem **PHYS** Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Derek Raghavan Date of Receipt Mailing Address 9440 Heydon Hall Circle M = M 02 01 2012 City Zip Code State Transaction ID: SA11AI.8941 NC Charlotte 28210 Amount of Each Receipt this Period FEC ID number of contributing 166.67 С federal political committee. Payroll Deduction \$166.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 333.34 766.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSE	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Derek Raghavan Mailing Address 9440 Heydon Hall Circle		Date of Receipt
City	State Zip Code	03 01 2012
Charlotte	NC 28210	Transaction ID : SA11AI.9038 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Derek Raghavan Mailing Address 9440 Heydon Hall Circle	·	Date of Receipt
City Charlotte	State Zip Code NC 28210	03 30 2012 Transaction ID : SA11AI.9101 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		02 01 2012
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.8989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem Receipt For: 2012 Primary X General	Occupation ADMIN Aggregate Year-to-Date ▼	Payroll Deduction \$166.67 monthly
Other (specify) ▼	333.34	
SUBTOTAL of Receipts This Page (optional)	>	500.01
TOTAL This Period (last page this line number	r only)	7

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSI	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) A. Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave		03 01 2012
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.8990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Mr. Roger A Ray		Date of Receipt
Mailing Address 11029 Lederer Ave	7. O. d.	03 30 2012
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.9048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer CarolinasHealthCareSystem	Occupation ADMIN	Payroll Deduction \$166.67 monthly
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	
Full Name (Last, First, Middle Initial) C. Lawrence W Raymond		Date of Receipt
Mailing Address 5740 Ballinard Lane		03 01 2012
City Charlotte	State Zip Code NC 28277	Transaction ID : SA11AI.9020 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer Carolinas HealthCare System	Occupation PHYS	Payroll Deduction \$70 monthly
Receipt For: 2012 Primary	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	•	403.34
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Lawrence W Raymond Date of Receipt Mailing Address 5740 Ballinard Lane 30 2012 City Zip Code State Transaction ID: SA11AI.9080 NC Charlotte 28277 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Payroll Deduction \$70 monthly Name of Employer Occupation PHYS Carolinas HealthCare System Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Michael Stevenson Date of Receipt Mailing Address 1711 Mission Road 03 01 2012 City State Zip Code Transaction ID: SA11AI.9002 NC Murphy 28906 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. James Michael Stevenson Date of Receipt Mailing Address 1711 Mission Road M M / 30 03 2012 City Zip Code State Transaction ID: SA11AI.9060 NC Murphy 28906 Amount of Each Receipt this Period FEC ID number of contributing 83.34 С federal political committee. Payroll Deduction \$83.34 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼

333.36

Primary

Other (specify)

X General

Use separate schedule(s) for each category of the **Detailed Summary Page**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC Full Name (Last, First, Middle Initial) Daniel W Sweat Date of Receipt Mailing Address 133 Twin Lake Drive 01 2012 City Zip Code State Transaction ID: SA11AI.8996 NC Shelby 28152 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel W Sweat Date of Receipt Mailing Address 133 Twin Lake Drive 03 30 2012 City State Zip Code Transaction ID: SA11AI.9054 NC Shelby 28152 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Payroll Deduction \$100 monthly Name of Employer Occupation CarolinasHealthCareSystem ADMIN Receipt For: 2012 Aggregate Year-to-Date ▼ Primary ✓ General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael C Tarwater Date of Receipt Mailing Address 1414 Biltmore Drive M M / 03 01 2012 City Zip Code State Transaction ID: SA11AI.8873 NC Charlotte 28207 Amount of Each Receipt this Period FEC ID number of contributing 416.67 С federal political committee. Payroll Deduction \$416.67 monthly Name of Employer Occupation **ADMIN** CarolinasHealthCareSystem Receipt For: 2012 Aggregate Year-to-Date ▼ Primary X General Other (specify) 416.67 616.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	PITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive		Date of Receipt
City	State Zip Code	02 01 2012 Transaction ID : SA11Al.8982
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012 Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address 1414 Biltmore Drive		Date of Receipt
		03 01 2012
City	State Zip Code NC 28207	Transaction ID : SA11AI.8997
Charlotte	NC 28207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01	
Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater	·	Date of Receipt
Mailing Address 1414 Biltmore Drive		03 30 2012
City Charlotte	State Zip Code NC 28207	Transaction ID : SA11AI.9055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.67
Name of Employer	Occupation	Payroll Deduction \$416.67 monthly
CarolinasHealthCareSystem	ADMIN	
Receipt For: 2012	Aggregate Year-to-Date ▼	
Primary	1666.68	
SUBTOTAL of Receipts This Page (optional).		1250.01
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOS	SPITAL AUTHORITY/CAROLINAS HEALTH	CARE SYSTEM EMPLOYEES FED PAC
Full Name (Last, First, Middle Initial) Ms. Phyllis Anne Wingate Mailing Address 6005 Willowood Road		Date of Receipt
City	State Zip Code NC 28081	03 30 2012 Transaction ID : SA11AI.9085
Kannapolis FEC ID number of contributing federal political committee.	C 20001	Amount of Each Receipt this Period 222.23
Name of Employer CarolinasHealthCareSystem Receipt For: 2012	Occupation ADMIN	Payroll Deduction \$222.23 monthly
Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 222.23	
Full Name (Last, First, Middle Initial) 3		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer Receipt For:	Occupation	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	222.23
TOTAL This Period (last page this line numb	er only)	15770.71

S	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 25 OF 26									
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check of				only one)								
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or	for commercial purposes, other than using the name	e and add	lress of any polition	cal cor	nmitt	ee to s	solicit co	ntribu	ıtions	from	such c	commit	tee.	
	NAME OF COMMITTEE (In Full)										a			
$ \rangle$	CHARLOTTE-MECKLENBURG HOSPITAL	AUTHO	RITY/CAROLIN	IAS H	IEAL	THC	ARE SY	YSTE	EM E	MPL	OYEE	ES FE	D PAC	
\angle	Full Name (Last, First, Middle Initial)													
Δ	, , , , , , , , , , , , , , , , , , , ,						Date of Disbursement							
	Kissell for Congess						M M / D D / Y Y Y Y							
	ailing Address 106 East Main St						03 20 2012							
	PO Box 1530													
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	Biscoe	NC 27209					mana	actic	,,,,	. 002	5.5100			
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	Candidate Name				-		Amoun	IL OI E	acn	JISDU	Semer	it triis	Period	
	Kissell for Congess				egory ype	//				_		400	0.00	
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		Primary	General											
	President	Other (spe	ecify) 🔻											
	State: NC District: 08													
	Full Name (Last, First, Middle Initial)													
В.	McHenry for Congress						Date o	f Disk	ourse	ment				
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	Mailing Address PO BOX 1406						03		20)	2	2012		
	City	State	Zip Code											
	HICKORY	NC	28601				Trans	sactio	on ID	: SB2	3.9114	ļ		
	Purpose of Disbursement													
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	Candidate Name				Category/	//	4000.00						0.00	
	McHenry for Congress			T	уре		-			_	7	400	0.00	
		nent For:												
		Primary	General											
	State: NC District: 10	Other (spe	(City)											
_	Full Name (Last, First, Middle Initial)													
C.	Mike McIntyre						Date o	f Disk	ourse	ment				
	WINCE WIGHTLYTC						M M	_	D		Y	Y	Y	
	Mailing Address PO Box 1						03		20			2012		
	,	State	Zip Code				Trans	sactio	on ID	: SB2	3.9112	!		
	Lumberton Purpose of Disbursement	NC	28359											
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	Mike McIntyre				egory ype	"	١.					4000	0.00	
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	President	Other (spe	ecify) 🔻											
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	26 O	F 26	
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only						
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NAME OF COMMITTEE (In Full) CHARLOTTE-MECKLENBURG HOSPITAL	AUTHOR	RITY/CAROLIN	IAS HEALTH	CARE SY	STEM EM	IPLOYEE	S FE	PAC	
Full Name (Last, First, Middle Initial)									
A. Mel Watt for Congress Committee Mailing Address PO Box 36831				M M	Disburseme	/ Y Y	/ I Y I	Y	
	N - 1 -	7'- 0-1-	03 20 2012						
•	State NC	Zip Code 28236		Trans	action ID : S	B23.9110			
Purpose of Disbursement	110	20230							
Candidate Name			011	Amount	of Each Dis	sbursemen	t this P	eriod	
Mel Watt for Congress Committee			Category/				4000.	00	
Office Sought: House Disbursem	nent For: 2 Primary Other (spec	General	Туре			7			
Full Name (Last, First, Middle Initial) B. Mulvaney for Congress				Date of	Disburseme	ent			
Mailing Address PO BOX 1975				03	27		2012	Y	
Lancaster	State SC	Zip Code 29721		Trans	action ID : \$	SB23.9115			
Purpose of Disbursement			011	Amount	of Each Dis	sbursemen	t this P	eriod	
Candidate Name			Category/ Type				1500	.00	
Senate X	nent For: 2 Primary Other (spec	General							
Full Name (Last, First, Middle Initial)									
C.				Date of	Disburseme	ent			
Mailing Address				M II M	/ D D	/ Y Y	Y	Y	
City	State	Zip Code							
Purpose of Disbursement									
Candidate Name		Category/ Type	Amount	of Each Dis		t this P	eriod		
	nent For: Primary Other (spec	General Gify) ▼			, , , , ,				
SUBTOTAL of Disbursements This Page (optional)							5500.	00	
TOTAL This Period (last page this line number only).							17500.	00	